

New 90 Day Checklist

Cost Comparison Budget (CCB)						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Is the CCB/POC current?						
Does the CCB/POC address the needs of the individual?						
Is the CCB/POC being implemented appropriately by all providers?						
Are staffing levels provided the individual appropriate based on the CCB/POC?						
Is the LOC determination current and approved, including a LOC assessment tool completed within the 365 days of LOC?						
<p>Request for Remediation Plan - CCB: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.</p>						
<p>Case Manager Validation of Remediation Plan - CCB.</p> <p>When a remediation plan cannot be validated the case manager will indicate why.</p>	Accepted		Not Accepted		Date:	

Case Manager Validation of Remediation Plan - CCB. When a remediation plan cannot be validated the case manager will indicate why.	Validated Not Validated	Date:

Individualized Support Plan (ISP)						
	Case Managers			Individual/Family/Guardian		
	YES	NO	N/A	YES	NO	N/A
Does the ISP contain the current: a) demographic information; b) diagnoses; c) guardian/family contact information, d) outcomes; & e) strategies?						
Are the habilitation goals developed for the strategies in the ISP measurable?						
Does the ISP include the current: a) medications; b) primary care physician; c) medical consultants; & e) periodic preventative health services recommended for the individual by licensed medical practitioners?						
Does the ISP contain the current dining and nutritional needs?						
Are the individual's current: a) behavioral support plan/s; & b) risk plan/s outlined in the ISP?						
Does the ISP contain the individual's current safety and environmental requirements?						
Does the individual's routine outlined in the ISP include participation in community activities and events?						

Has progress on residential habilitation and support habilitation goals developed for the strategies in the ISP been recorded consistently and has the RHS provider submitted monthly progress reports?						
Has progress on day services habilitation goals developed for the strategies in the ISP been recorded consistently?						
Has the RHS day services provider submitted monthly progress reports?						
Has progress on day service habilitation goals developed for the strategies in the ISP been recorded consistently?						
Has the day services provider submitted monthly progress reports?						
Are residential habilitation and support services being delivered in accordance with the ISP?						
How is this being validated?						
Are day services being delivered in accordance with the ISP?						
Are behavioral support services being delivered in accordance with the ISP?						
Is the behavioral support provider producing quarterly summaries?						
Is the employment section of the ISP still current and is it being routinely discussed?						
Does observation, record review, and discussion with the individual and their legal guardian if indicated, confirm that the individual's needs are being addressed in the ISP?						
Is the provider producing monthly summaries?						

Request for Remediation Plan – ISP: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.

Case Manager Review of Provider's Remediation Plan - ISP. When a remediation plan is not acceptable the case manager will indicate why.	Accepted	Not Accepted	Date:
Case Manager Validation of Remediation Plan – ISP: When a remediation plan cannot be validated the case manager will indicate why.	Validated	Not Validated	Date:

Behavior Support Plan						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Is the individual's behavioral support plan up to date?						
Does the behavior plan address the needs of the individual as described in the ISP?						
Has progress on the behavioral support plan been recorded consistently?						
Has the behavior support provider submitted quarterly progress reports?						
Is behavior data being documented consistently and in accordance with the behavioral support plan?						
Are behavior data graphs present and updated quarterly?						
Is HRC approval and informed consent present for all restrictive interventions used with the individual?						
Does the behavior documentation reflect the individual's status as improved or stable?						
Request for Remediation Plan – Behavior Support: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.						

Case Manager Review of Provider Remediation Plan - Behavior Support. When a remediation plan is not acceptable the case manager will indicate why.	Accepted	Not Accepted	Date:
Case Manager Validation of Remediation Plan - Behavior Support. When a remediation plan cannot be validated the case manager will indicate why.	Validated	Not Validated	Date:

Psychotropic Medications						
	Case Managers			Individual/Family/Guardian		
	YES	NO	N/A	YES	NO	N/A
Does the individual's record confirm the use of psychotropic medication?						
Is there informed consent and Human Rights approval for administration of the psychotropic medication to the individual?						
Is there a written titration plan that has been reviewed by the prescribing physician within the past year present for the psychotropic medication being administered?						

Is the psychotropic medication titration plan being implemented per the written plan?						
Are the behaviors for which the psychotropic medication is administered identified?						
Is the identified behavior data being documented consistently and in accordance with the titration plan?						
Does the ISP include an identified timeframe for psychiatric consults/visits?						
Has the individual seen a psychiatrist within the identified referral and follow-up timeframes?						
<p>Request for Remediation Plan - CCB: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.</p>						
<p>Case Manager Review of Provider Remediation Plan - Psychotropic Medications. When a remediation plan is not acceptable the case manager will indicate why.</p>	Accepted		Not Accepted		Date:	
<p>Case Manager Validation of Remediation Plan - Psychotropic Medications. When a remediation plan cannot be validated the case manager will indicate why.</p>	Validated		Not Validated		Date:	

Risk Plans						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
<u>If the individual has a risk plan addressing constipation:</u>						
Is documentation current?						
Is documentation in accordance with the written risk plan?						
Has the plan been updated within the past year?						
Is the risk plan being implemented as written?						
<u>If the individual has a risk plan addressing aspiration,</u>						
Is documentation current?						
Is documentation in accordance with the written risk plan?						
Has the plan been updated within the past year?						
Is the risk plan being implemented as written?						
<u>If the individual has a risk plan addressing hydration,</u>						
Is documentation current?						
Is documentation in accordance with the written risk plan?						
Has the plan been updated within the past year?						
Is the risk plan being implemented as written?						
<u>If an individual has a risk plan addressing other risks not already identified</u>						

Is documentation current?						
Is documentation in accordance with the written risk plan?						
Has the plan been updated within the past year?						
Is the risk plan being implemented as written?						
Are all risk plans readily available for each health and safety risk that has been identified in the individual's ISP?						
Does an interview with randomly selected direct support staff confirm their knowledge of the individual's risk plans?						
Identify support staff interviewed/Service support staff provides:						
1						
2						
3						
4						
5						
Request for Remediation Plan - Risk Plans. Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.						
Case Manager Review of Provider Remediation Plan - Risk Plans. When a remediation plan is not acceptable the case manager will indicate why.	Accepted	Not Accepted			Date:	

Case Manager Validation of Remediation Plan - Risk Plans. When a remediation plan cannot be validated the case manager will indicate why.	Validated	Not Validated	Date:

Nutritional/Dining Needs						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Are the individual's nutritional and dining needs as identified in the ISP addressed in a written dining plan that is available to staff, and has it been updated within the last year?						
Is the individual's dining plan individualized for the individual and does it include food restrictions, food consistencies, needed adaptive equipment in working condition, and staff instructions that are specific to the individual?						
Does an interview with randomly selected direct support staff confirm their knowledge of the individual's dining plan, including any identified "triggers"?						
Does record review and discussion with staff, the individual and the legal guardian if indicated, confirm the individual has been free of choking and/or aspiration events, including any "triggers" as identified in the dining plan?						

Has the individual's weight remained stable, with no unplanned increase or decrease of more than 10 pounds over the past quarter?						
Has the individual's weight remained stable, with no unplanned increase or decrease of more than 10 pounds over the past 4 quarters?						
<p>Request for Remediation Plan - Nutritional/Dining Needs: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.</p>						
Case Manager Review of Provider Remediation Plan - Nutritional/Dining Needs. When a remediation plan is not acceptable the case manager will indicate why.	Accepted		Not Accepted		Date:	
Case Manager Validation of Remediation Plan - Nutritional/Dining Needs. When a remediation plan cannot be validated the case manager will indicate why.	Validated		Not Validated		Date:	

Medical Needs						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Does record review and discussion with staff, the individual and the legal guardian if indicated, confirm the individual received appropriate follow-up from emergency room visits and/or hospitalizations over the past 90 days?						

Has the individual seen a dentist within the past year or within prescribed timeframes?						
Has the individual had an eye examination within the past two years or within prescribed timeframes?						
Has the individual seen their primary care physician within the past year?						
Does record review and discussion with staff, the individual and the legal guardian if indicated, confirm the individual received all routine periodic preventative health care services as indicated in the ISP?						
Does record review and discussion with staff, the individual and the legal guardian if indicated, confirm the individual has seen all specialists within designated referral and follow-up timeframes?						
Does record review and discussion with staff, the individual and the legal guardian if indicated, confirm all apparent health care needs are being addressed?						
Request for Remediation Plan - Medical Needs: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.						
Case Manager Review of Remediation Plan - Medical Needs. When a remediation plan is not acceptable the case manager will indicate why.	Accepted	Not Accepted		Date:		

Case Manager Validation of Provider Remediation Plan - Medical Needs. When a remediation plan cannot be validated the case manager will indicate why.	Validated Not Validated	Date:

Medications						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Is there a written individualized medication administration plan and a medication administration record available for the individual?						
Does the medication administration record confirm that all currently prescribed medications are being administered without error?						
Is medication being administered in compliance with the individual's medication administration plan?						
Are medications being stored per the individual's medication administration plan?						
Does observation of the individual, review of the individual's medication side effect documentation, and discussion with staff, the individual and the legal guardian if indicated, confirm the absence of medication side effects for the individual?						

Request for Remediation Plan – Medications: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.

Case Manager Review of Provider Remediation Plan - Medications. When a remediation plan is not acceptable the case manager will indicate why.	Accepted	Not Accepted	Date:
Case Manager Validation of Remediation Plan - Medications. When a remediation plan cannot be validated the case manager will indicate why.	Validated	Not Validated	Date:

Seizure Management						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Does the individual have a written seizure management plan that includes documentation of seizure activity and the individual's history of seizures?						
Has the plan been updated within the past year?						
Is seizure activity being recorded consistently and in accordance with the individual's seizure management plan?						
Does the seizure data confirm the individual's seizure activity as remaining relatively the same, or as being improved over the last quarter?						
Is there an identified timeframe for neurology consults/visits?						
Has the individual seen a neurologist within the identified referral and follow-up timeframes?						
Request for Remediation Plan - Seizure Management: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.						
Case Manager Review of Provider Remediation Plan - Seizure Management. When a remediation plan is not acceptable the case manager will indicate why.	Accepted		Not Accepted		Date:	

Case Manager Validation of Remediation Plan - Seizure Management. When a remediation plan cannot be validated the case manager will indicate why.	Validated	Not Validated	Date:

Incident Review						
	Case Managers			Individual/Family/Guardian		
	YES	NO	N/A	YES	NO	N/A
Have all incidents been reviewed by the provider to identify trends, and has the provider shared this trend analysis in writing with the individualized support-team?						
Does record review and discussion with staff, the individual and the legal guardian if indicated, confirm that reportable incidents per the DDRS incident reporting policy have been reported within the 24 hour reporting criteria?						
Was each reportable incident investigated by the provider?						
Were recommendations resulting from the investigation of a reportable incident implemented by the provider?						
Were staff members suspended pending the provider's investigation as indicated in DDRS incident reporting policy?						

Have all incidents reported within last 90 days been resolved appropriately?						
Does an interview with randomly selected direct support staff confirm their knowledge of what constitutes a reportable incident?						
<p>Request for Remediation Plan - Incident Review: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.</p>						
<p>Case Manager Review of Provider Remediation Plan - Incident Review. When a remediation plan is not acceptable the case manager will indicate why.</p>	Accepted		Not Accepted		Date:	
<p>Case Manager Validation of Remediation Plan - Incident Review. When a remediation plan cannot be validated the case manager will indicate why.</p>	Validated		Not Validated		Date:	

Choice and Rights						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Does record review and discussion with staff, the individual and their legal guardian if indicated, confirm <u>unrestricted access to their personal possessions</u> ?						
Does record review and discussion with staff, the individual and their legal guardian if indicated, confirm the individual <u>is free to receive visitors with no restrictions</u> ?						
Does record review and discussion with staff, the individual and their legal guardian if indicated, confirm the individual <u>is free to receive and open their own mail</u> ?						
Does record review and discussion with staff, the individual and their legal guardian if indicated, confirm the individual <u>is free to receive and make phone calls without restrictions</u> ?						
Does record review and discussion with staff, the individual and their legal guardian if indicated, confirm the individual <u>is free from abuse, neglect or exploitation</u> ?						
Outside of volunteer work and expected household chores, does record review and discussion with staff, the individual and their legal guardian if indicated, confirm the individual is free from work without pay that benefits others?						
Is there documentation confirming that the individual and their legal guardian if indicated have been provided information on their right to						

choose and change providers?						
Is there documentation confirming that the individual and their legal guardian if indicated have been provided information on their right to choose and change case managers?						
Is there documentation confirming that the individual and their legal guardian have been informed of their rights as an individual receiving services?						
Is the individual or their legal guardian if indicated, able to understand and exercise these rights?						
<p>Request for Remediation Plan - Choice and Rights: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.</p>						
<p>Case Manager Review of Provider Remediation Plan - Choice and Rights. When a remediation plan is not acceptable the case manager will indicate why.</p>	<p>Accepted Not Accepted</p>		<p>Date:</p>			
<p>Case Manager Validation of Remediation Plan - Choice and Rights. When a remediation plan cannot be validated the case manager will indicate why.</p>	<p>Validated Not Validated</p>		<p>Date:</p>			

Staff Issues						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Does observation, record review, and discussion with staff, the individual and the legal guardian if indicated, indicate that staff are knowledgeable of the individual's health, safety and training needs, and capable of executing the training and supports identified in the ISP?						
Can each of the staff communicate with the individual in the individual's usual mode of communication?						
Does observation of support staff interacting with the individual reveal a respectful attitude towards the individual?						
Does an interview with the individual and the individual's legal guardian confirm that the individual is being treated with respect by the support staff?						
Does observation, record review and discussion with staff, the individual and the legal guardian if indicated, confirm that the individual has staff consistent with the approved Plan of Care?						
Does observation, record review and discussion with staff, the individual and the legal guardian if indicated, confirm that staff is consistent?						
<p>Request for Remediation Plan - Staff Issues: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.</p>						

Case Manager Review of Provider Remediation Plan - Staff Issues. When a remediation plan is not acceptable the case manager will indicate why.	Accepted	Not Accepted	Date:
Case Manager Validation of Remediation Plan - Staff Issues. When a remediation plan cannot be validated the case manager will indicate why.	Validated	Not Validated	Date

Fiscal Issues						
	Case Managers			Individual/Family/Guardian		
	YES	NO	N/A	YES	NO	N/A
Is there a provider identified as responsible for the individual's financial resources identified in the individual's ISP?						
Has the identified provider ensured current insurance coverage at the individual's expense to protect assets and property?						
Has the identified provider maintained a separate account for the individual's financial resources, or in the case that the provider is an organizational representative payee (confirmed with documentation from the Social Security Administration), has the provider maintained an						

individual sub-account for the individual?						
Is there written confirmation that the identified provider supplies monthly account balances and records of transactions to the individual/guardian? The account number will not be made available to the individual or their guardian if indicated.						
Is evidence present confirming the identified provider is retaining receipts for all expenditures charged against the individual's financial resources? (Discretionary funds for personal spending as described in the ISP do not require receipts)						
Is the individual's checkbook balanced and current? The checking account number will not be made available to the individual or their guardian, if indicated.						
Are there bank statements present with clear documentation that the bank statements and the individual's checkbook have been reconciled? The checking account number will not be made available to the individual or their guardian, if indicated.						
Does observation, record review, and discussion with staff, the individual and the legal guardian if indicated, confirm that a provider or a provider's employees are not lending money to, or borrowing money from, the individual?						
Has the individual avoided being charged for and/or paying for late fees and overdraft charges for the past 90 days?						
Has the identified provider obtained a rental agreement in the individual's name?						
Does the identified provider have documentation that the entire RLA/ICLB was						

deposited into the individual's account?						
If the identified provider is charging a fee for acting as the Social Security Representative Payee, does the provider have written authorization from the Social Security Administration authorizing the fee?						
Is there evidence that interest is being attributed to the individual's account, or in the case of an organizational representative payee, the individual's sub account?						
<p>Request for Remediation Plan - Fiscal Issues: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.</p>						
<p>Case Manager Review of Provider Remediation Plan - Fiscal Issues. When a remediation plan is not acceptable the case manager will indicate why.</p>	<p>Accepted</p>		<p>Not Accepted</p>		<p>Date:</p>	
<p>Case Manager Validation of Remediation Plan - Fiscal Issues. When a remediation plan cannot be validated the case manager will indicate why.</p>	<p>Validated</p>		<p>Not Validated</p>		<p>Date:</p>	

Environmental Safety when visiting the home*						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Is the exterior of the Individual's residence free of obvious structural defects and environmental hazards?						
Are all interior walls, floors, and ceilings of the individual's residence clean and in a safe condition?						
Are all needed environmental modifications and assistive devices identified in the individual's ISP in place and available to the individual?						
Are there adequate residential furnishing and appliances present that are clean, safe and in functional condition?						
Is a fire extinguisher present that indicates a full charge and an inspection within the past 12 months?						
Is a functioning carbon monoxide detector present in the residence if wood or gas fired appliances are installed?						
Is a functioning smoke detector located on each floor of the residence, and within 10 feet of each bedroom door?						
Does the bathroom include functioning toilet, washbasin, tub or shower, and hot and cold running water?						
If the ISP does not indicate that the individual can independently adjust water temperatures, is the hot water temperature in the tub, shower and wash basins comfortable but no warmer						

than 110° Fahrenheit?						
Does observation, record review, and discussion with staff, the individual and the legal guardian if indicated, confirm that the residence is free of rodent, insect, and/or other pest issues?						
Is the residence free of clutter and debris both inside and outside?						
Is there a 3-day supply of diet-appropriate food in the home?						
Does the individual have weather appropriate clothing based on their preferences as identified in the ISP?						
Does individual have personal hygiene items, including toilet paper, soap, and paper towels?						
Request for Remediation Plan - Environmental Safety: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.						
Case Manager Review of Provider Remediation Plan - Environmental Safety. When a remediation plan is not acceptable the case manager will indicate why.	Accepted		Not Accepted		Date:	
Case Manager Validation of Remediation Plan - Environmental Safety. When a remediation plan cannot be validated the case manager will indicate why.	Validated		Not Validated		Date:	

Other/Misc. Issues						
	Case Managers			Individual/Family/ Guardian		
	YES	NO	N/A	YES	NO	N/A
Does observation, record review, and discussion with staff, the individual and the legal guardian if indicated, indicate the individual's satisfactory status in regards to other issues not addressed in the previous sections of this review?						
Request for Remediation Plan - Other/Misc Issues: Responsible provider should address each "no" answer in this section with a remediation plan that includes responsible parties and time frames for completion. Plan is due _____.						
Case Manager Review of Provider Remediation Plan - Other/Misc Issues. When a remediation plan is not acceptable the case manager will indicate why.	Accepted		Not Accepted		Date:	
Case Manager Validation of Remediation Plan - Other/Misc Issues. When a remediation plan cannot be validated the case manager will indicate why.	Validated		Not Validated		Date:	